

# Future Directions CIC

## Grange Ave

### Inspection report

41 Grange Avenue  
Levenshulme  
Manchester  
Lancashire  
M19 2FZ

Tel: 01617699490

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

About the service: Grange Ave is a care home supporting up to five people with mental health needs. At the time of inspection, there were five people being supported by the service. The home is set in well-maintained grounds in a quiet, suburban area of Levenshulme, Manchester. The home is close to local amenities.

People's experience of using this service:

People were supported safely to receive high quality and safe care. People felt safe and our observations told us, their safety was paramount.

Positive behaviours strategies were in place and people were assessed for any risks they presented. People were encouraged to contribute to risk assessments and be in control of managing strategies to keep them safe.

People and staff were able to describe what action they would take to report any safeguarding concerns. Both people and staff said they would be listened to.

Staff were recruited safely and received a robust induction into the service. Staff delivered consistent, high levels of support to keep people safe.

People received a holistic assessment of their needs and the staff spent time learning about people's backgrounds and life history to enable them to effectively support people.

A large multi-disciplinary team of professionals supported people and the service to ensure they deliver best outcomes to people.

People were supported to have a healthy and nutritious diet.

People were exceptionally supported to be assessed and reviewed as part of their placement. The service supported people to challenge any restriction placed upon them.

Staff were clearly very caring towards the people they supported. Staff knew people well and it was clear people felt comfortable in the staff's company.

People were supported to remain as independent as possible and gain skills to promote independence.

Interactions between people and staff were dignified and respectful. People were supported to have choice and control over their lives.

Care plans were very detailed and gave good strategies to effectively support each person. People were

involved in their care planning and contributed to strategies to reduce anxieties and improve outcomes.

People knew who to make a complaint and were given time to discuss any concerns they had. The provider was committed to investigating complaints.

The provider had a clear vision of how to support some of the societies' most vulnerable people. Future Directions had been nominated and won many awards for their work to improve outcomes for people moving into a community setting from secure hospitals.

The registered manager and the wider management team were fully aware of their responsibilities under their registration with the Care Quality Commission.

The provider strived for improvement and had excellent governance systems in place.

Rating at last inspection: The last inspection of this service was on 4 and 5 July 2016 and was rated good in all of our key questions. The report was published on 15 November 2016.

Why we inspected: This was a scheduled inspection as part of our inspection process.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit, as per our programme of inspection. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Grange Ave

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one inspector.

**Service and service type:** Grange Ave is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided and we looked at both during this inspection.

The service had a manager registered with CQC. This meant that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was announced. We gave 24 hours-notice to prepare the people living at the home, that we would be visiting.

**What we did:** We used information we held about the home to inform our inspection planning. This included statutory notifications which is information about significant events, the service is required to tell us by law. We contacted the local authority and other health and social care professionals to seek their views. Comments were wholly positive about the service. We also looked at the provider information report (PIR). This tells us what the provider does well and what they intend to improve.

We spoke with the registered manager, the service manager, the quality compliance lead, two staff members and two people who were supported by the service. We also spoke with two health and social care professionals.

We reviewed two peoples care files and associated care plans and risk assessments. We looked at one person's medicines and medicine records. We reviewed documents in relation to the safety of the premises, three staff recruitment files, training records and supervisions. We also reviewed, staff meetings and

meetings for people living at the home and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe while being supported by staff from the service. It was clear from our observations, people had built trusting relationships with people and felt comfortable in the staff's care.
- Staff had received training in protecting vulnerable adults from abuse. Staff were confident they could raise any concerns and they would be acted upon. One staff member told us, "We have our own internal safeguarding system for reporting concerns, we are all aware of it."
- We saw any concerns had been raised appropriately with the local authority safeguarding team. Clear guidelines were in place to support people to raise concerns to ensure they were listened to and appropriately actioned.
- Staff could accurately describe strategies in place to support each individual person to stay safe.

Staffing and recruitment.

- Staff were recruited safely. Application forms were fully completed, and pre-employment checks were in place before employment commenced.
- People received high levels of staff support from regular staff members. This was reflected on the staff rota.

Using medicines safely

- People received their medicines safely and as prescribed. People were supported to self-administer their own medicines if able to do so.
- There was clear guidance for staff to follow to ensure medicines were given as prescribed and were aware of any side effects and contradictions. This was also recorded with people medicines records.
- Medication administration records were fully completed.
- All staff received training and competency checks to ensure medicines were safely administered.

Assessing risk, safety monitoring and management

- Risks people presented were identified, monitored and reviewed. People and a multi-disciplinary team of professionals were involved in risk assessments to ensure risk was minimised.
- People were involved in their risk planning and were able to contribute to the assessments with their own views of how to keep themselves safe.
- Staff received training in positive behaviour support which fed into care plans and risk assessments. Staff could identify what aspects of positive behaviour support worked well for each person.
- Staff were able to tell us the risks people presented and how to reduce the risk. Staff were fully aware of strategies to assist people in times of distress and could clearly explain triggers which could heighten people's anxieties and how to reduce them.

- The safety of the premises was regularly reviewed with external and internal checks of fire safety, electrical, gas and water safety.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns.
- Strategies to manage further accidents and incidents fed into people's care plans and risk assessments.

#### Preventing and controlling infection

- Measures were in place to control the spread of infection. Staff received training in infection control and we observed them to use personal protective equipment such as gloves and aprons when required.
- The home was clean throughout.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were extremely detailed, person centred and very clearly captured people's goals and aspirations they wished to achieve while they were being supported by the service. Assessments very clearly recorded people's life history and enabled the service to holistically plan the appropriate care and support people required.
- Many of the people supported had transitioned from long stay, secure hospitals and the service commenced the assessment process up to six months before a planned move took place, to enable staff to get to know the person and understand their background and effective strategies to support them.
- People were protected under the Equality Act 2010 and assessments captured any religious or cultural needs to be observed and supported with.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make nutritious and healthy meals. Each flat had its own kitchen facilities and staff encouraged people to become independent to buy, prepare and cook for themselves.
- The service manager told us they had identified how different foods can affect people's mental wellbeing, and they were looking at foods to improve the stability of the mind such as regular fruit and vegetable intake as well as regular exercise. This had been discussed with people and was being incorporated into their diets.
- The established staff team were able to recognise if people were losing weight and then, weight monitoring would commence, and health professional advice would be sought. Where people required support with weigh management and nutritional intake, this was clearly identified in the care plan.
- Peoples likes, and dislikes were documented as well as any food allergies they had.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were effectively supported to remain at the home and not have to return to a secure hospital. The service was commissioned as part of the Transforming Care agenda. All the people being supported at Grange Ave had been supported by a large multi-disciplinary team of professionals to regular monitor and review their wellbeing. There were clear examples of how the service had supported people to have treatment and support in the community with the right support at the right time, from health and social care professionals.
- The provider followed the guidance from the National Institute of Clinical Excellence (NICE) for managing health conditions. This information was clearly embedded into care plans and staff were fully aware of how this impacted in the way they supported people with their health needs.
- The registered manager and staff team were proactive in seeking support when there were changes in people's health.
- Regular reviews of prescribed medicines took place to ensure they remained effective. Staff were very

clear in their understanding of side effects from medicines.

- Staff were very knowledgeable about people's health conditions and were attentive to people when they were unwell. One person told us the staff always ring the doctor or other relevant professional when needed. Reviews of health were clearly documented.
- Each person had a health action plan in place which identified what they and staff needed to do to stay healthy.
- Staff supported people to attend regular age appropriate screening and where people were unable to attend, further actions were put in place to ensure the screening took place at a later date. People were also supported to attend smoking cessation groups.
- Hospital assessment booklets were in place which gave detailed information to hospital staff about the best way to support each person.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff team were fully aware of how people presented on good and not so good days and how this may impact on people's ability to make decisions. Staff clearly knew people well and could describe behaviours that may manifest when people are struggling with their anxieties which mean their decision making may not be safe.
- People were assessed to ensure they had capacity to make particular decisions. Appropriate referrals were made to the local authority to deprive people of their liberty and outcomes fed into care plans.
- The service ensured people were only deprived of their liberty, if need be, for the shortest time possible. We saw where deprivations were authorised, the restrictions in place were used flexibly depending on the wellbeing of people. This meant people still had choice and control but were kept safe when they were vulnerable.
- Care plans were very detailed around restrictions in place under a DoLS and staff could accurately describe the restrictions in place and also how the restrictions were used flexibly.
- We saw evidence that where people decided to challenge the deprivation, the provider supported the person to obtain legal support and worked with them to discuss the implications of the challenge and what will happen should the decision be overturned.

#### Staff support: induction, training, skills and experience

- Staff received a robust induction into the service. Staff were given the opportunity to shadow more experienced staff members and complete training while getting to know the service.
- Staff received regular training to enable them to effectively carry out their job role. Training was planned specifically around people's needs and to ensure staff had the correct knowledge and experience. Staff told us the training was good with one staff member saying, "Yes, the training is good, its very specific to the

people we support."

- Staff were supported to complete further qualifications in Health and Social Care, there was also the option to train in a particular subject area such as epilepsy.
- We saw regular supervision was given to staff with additional checks on staff's wellbeing to ensure they remained able to support people. One staff member told us, "They [management] are careful we don't get burnout and we are rotated for our own wellbeing."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed very kind and caring interactions between staff and people who were supported by the service. People were very much at ease with the staff team and it was clear the staff team were aware of when people's anxieties were heightening and what action needed to be taken to reduce anxiety levels.
- People were treated as equals and staff understood the difficulties people had faced when moving from secure setting into the community. Staff worked within strict boundaries as people were not used to having freedom and so much choice and were aware by overloading them, this could cause the placement to break down and ultimately the person returning back to a secure hospital.
- People were involved in planning their care and were supported to have as much choice and control as possible while ensuring their mental health remained stable. Staff were able to describe situations where the person was struggling with so much choice and what actions they would take to reduce the person from becoming distressed.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their care. Some people had requested to be able to move on to a more independent setting and the service was proactive in requesting for assistance from other professionals to facilitate this to happen. One person told us they were meeting with a 'move on worker' on the day of our inspection and they had been cleaning their flat to assure the worker, they were progressing with independence skills.
- Staff told us, and we saw, one person had been supported to challenge people and question staff when they didn't feel something was right, the person had gained confidence to have their voice heard and learned that it is acceptable to challenge others. One staff member said, "It took a lot of prompting to enable [name] to know they had a voice."
- People were wholly involved in the running of the home. Regular meetings were held to discuss activities, menus and the decoration of the home. People had been actively involved in refurbishment of the home and told us they had chosen colours and décor for rooms.
- Choice and control of how people wished to spend their day was at the heart of the service. People told us they can get up and go to bed when they want, make a snack and drink when they want, and some people were assessed to enable them to leave the home unaccompanied for short periods of time. The service strived to ensure people remained as independent as possible while supporting the person's mental health to be as stable as possible
- People have access to their own advocates to ensure their voices were heard.

Respecting and promoting people's privacy, dignity and independence

- People were supported to have and maintain relationships with partners and families. The provider supported people to have and maintain links with their families, if that was the persons wish and arrange visits to see family as well as remember important dates such as birthdays or anniversaries. Regular updates were given to family members if this was an agreed part of the care plan.
- The provider ensured people were supported with appropriate advice to manage relationships including sexual health and keeping safe. Staff were able to describe how the ensure people's privacy and dignity were protected and processes in place to keep each person safe.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff team were extremely responsive to people's changing needs. People were supported on a one to one basis and each member of the staff team knew each person well. It was clear people responded differently depending on who was supporting them. Some people worked with a particular staff member to undertake physical activity or for the promotion of cooking skills.
- Care plans were extremely detailed and reflected people's choices and preferences and gave detailed information on how to support each person. Care plans captured any goals to work towards and gave details of any restrictions on people agreed under deprivation of liberty safeguards. Care plans were very person centred focussing on the individual being at the centre of the care and support. Goals were broken down into smaller chunks to enable the person to reach the goal in a manageable way. A staff member told us, "We are alerted to any changes to care plans and we identify what may need changing as part of a review."
- Staff confirmed they had opportunity to read people's care plans regularly.
- People had one-page profiles which identified what was important to them and what people liked and admired about them. One-page profiles give a simple summary of a person which gives key information to staff and professionals working with them.
- People were supported to complete volunteer work and access community resources. One person was supporting the provider to help shape the workforce of the future by being involved in recognising training for staff.
- There was support for people to pursue their interests which included attending physical activity, joining community groups, volunteering, learning life skills and building relationships with their family.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. One person told us they knew how to make a complaint.
- The registered manager and the staff team clearly knew people well which meant they could tell when a person was unhappy and may need some additional support.
- Staff could describe strategies used to encourage a person to talk about anything that was concerning them.

End of life care and support

- People could be supported to remain at the home should they be at the end of life. The service had close links with health services such as GP's and district nurses to support the person to have the appropriate pain relief and support at the end of their life.
- The provider understood, discussing end of life planning was difficult with the group of people they supported. Some people had planned how they would like to be supported at the end of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had exceptional knowledge of the Transforming Care agenda. They had been at the forefront of the service since it was commissioned and was heavily involved in the formation of the service to enable people to receive care and support in a community setting rather than a secure hospital. The registered manager told us, they had worked with the local authority to ensure they could provide holistic and safe care to some of society's most vulnerable people.
- The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion for people with learning disabilities and autism who use the service, to enable them to live an ordinary life as any other citizen.
- We saw evidence the service had been heavily involved in contributing to publications with Skills for Care. Skills for Care are an organisation that helps to create a well-led, skilled and valued adult social care workforce. Evidence of contribution included showing how the service had obtained outstanding in the well-led domain within their organisation and sharing their outstanding practice with other services. There were also additional publications made in the Learning Disability Journals.
- The provider recently won "The most effective approach to leadership and management" and "The most effective approach to integrated new models of care" categories as part of the Skills for Care awards. They had also been nominated for and won a number of other awards including "The Greater Manchester Health and Care Partnership Awards" and "The Great British Care Awards".
- Staff told us, and we saw regular meetings were held to update the team and share information. It was clear staff felt very supported and were well established within the service. Staff told us, "We can use our own initiative, we can suggest if something isn't working, to try it another way, it is all very positive." Another staff member said, "We are very well supported, we all get on and we can challenge each other, professionally." Some of the meetings were used to support the staff to learn about people's backgrounds and gaining an understanding how new-found freedom in the community impacted upon people's mental health. The staff were committed to supporting people and we observed relationships with people were positive.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they could speak with the registered manager or any of the wider management team if they had concerns or were feeling under pressure. The registered manager had fully trained up four experienced

agency staff nurses to allow them to support the service, people and the staff team when situations were challenging and to allow staff to take a break and reflect.

- The registered manager was open and transparent and was clear about learning from accident, incidents and when strategies were not working.
- The organisation saw training and gaining further qualification was a key area for staff to learn and progress in their role and to enable the service to retain the staff and to ensure staff had the best possible knowledge to support people.

#### Continuous learning and improving care

- The provider had its own steering group which invited people and other representatives to shape the future of education for future health and social care workers. They also worked with the local police to raise awareness of crime against vulnerable people and empower the people the service supported to raise concerns.
- We saw excellent examples of how the provider had improved the lives of the people they supported and integrate people within the local community.
- The registered manager had sought and maintained excellent links with other professionals and lead a network for other registered managers to share good practice.
- The service gained regular feedback on the provision from the people they supported, their families, professionals and the staff team. Responses were extremely positive. When it was identified where staff had gone above and beyond in their role, they were thanked in a letter from the managing director.

#### Working in partnership with others

- The service has worked with commissioners to proactively raise concerns and break barriers about prolonged seclusion in secure hospitals and support people to live a good life in the community. We saw many effective practices and interventions delivered by a multi-disciplinary team to keep people's mental health stable and keep people safe.
- The professionals we spoke with told us, without the support of Future Directions, some people would have remained in secure hospitals with many restrictions and it is down to the hard work of the staff team, that people in Grange Ave have not needed to return to a long stay hospital.